

Rhode Island Department of Health

Health Policy Briefs

State and Community Partnerships Respond to Meningitis: a Model for Meeting Future Public Health Challenges in Rhode Island.

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Heightened public concern about meningococcal disease in Rhode Island paralyzed normal pediatric care in late February, 1998.

What is meningococcal disease?

Meningococcal disease is a very serious bacterial infection which produces blood poisoning and may inflame the lining of the brain and spinal cord, a condition called meningitis. Many people who get infected do not develop symptoms, but others become very ill and may become seriously disabled or die.

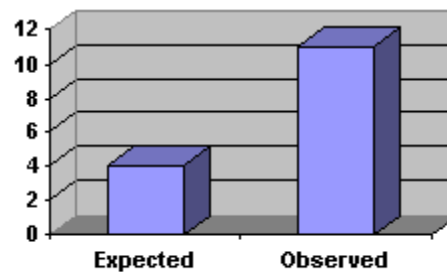
In October, 1996, a true outbreak of meningococcal disease in northern Rhode Island set the stage for heightened anxiety throughout the State.

26 cases of meningitis were identified in 1996. Woonsocket, RI experienced an outbreak (with 4 cases in 4 weeks) in October, 1996, caused by an epidemic strain of meningococcal disease. A mass vaccination campaign targeting 2-29 year olds arrested the outbreak. Intense publicity increased awareness of the disease throughout the State. Especially high concern persisted in towns close to Woonsocket.

Since that time, Rhode Island has not had an outbreak of meningococcal disease.

24 sporadic (unrelated) cases of meningococcal disease were identified in 1997. The cases included various types (serogroups), did not cluster geographically, and were spread over the entire year. Public demand for protection with vaccine was great and increased over time.

**Cases of Meningococcal Disease,
First Eight Weeks of 1998, RI**



A higher than normal rate of sporadic meningococcal disease occurred in January and February, 1998.

11 cases of meningococcal disease clustered in the first eight weeks of the year, a period in which only three to four cases were expected. Had new cases continued to develop at this rate, 66 cases might have been observed by the end of the year! Fortunately, no new cases have been reported since February.

The higher than normal incidence of meningococcal disease in January and February, coupled with the deaths of three children, created a surge of public concern in late February.

Media coverage of meningococcal disease increased with each of the deaths. By late February, anxiety among parents was very high. Despite all assurances, many believed that Rhode Island was in the grip of a deadly epidemic that threatened their children. The Department of Health took steps to assure health insurance coverage of vaccine. The demand far exceeded expectations.

A flood of calls demanding vaccination quickly overwhelmed normal patient-provider communications in primary care practices.

Telephone lines to the offices of pediatricians and family practitioners were overwhelmed with calls from anxious parents, eager to protect their children. Providers were forced to divert resources from the regular care of patients to the flood of telephone calls and walk-in visits. Providers feared that office gridlock would result in harm to patients in real need.

A swift public health response, founded on state-community partnerships, helped restore public confidence.

The State responded by announcing a public immunization campaign.

On February 24, 1998, Governor Almond and Health Director Nolan, with leaders from pediatrics and family medicine, announced that the Department of Health

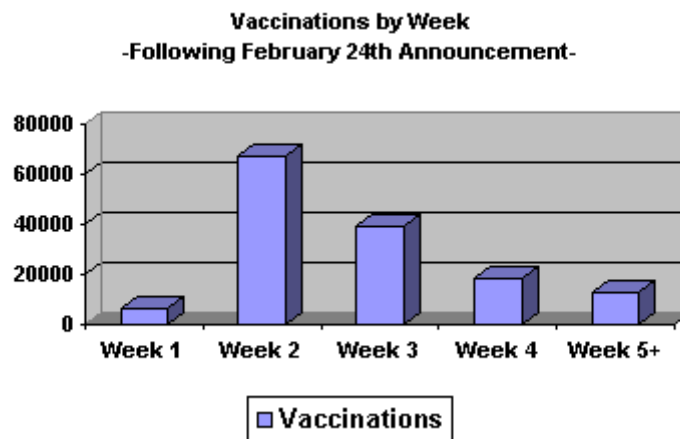
would distribute free meningococcal vaccine to health care providers for use with patients ages 2 through 22. Major health insurers would reimburse providers for vaccine administration. To take pressure off providers' offices, the Department of Health began organizing public immunization clinics around the State.

Public health partnerships were forged with communities throughout the State.

The Health Department convened community officials to discuss the goals and logistics of community immunization clinics. The Department agreed to provide the vaccine and technical assistance. Community leaders agreed to organize the clinics, to secure the locations, supplies, and volunteers to staff the clinics.

Flexibility in the organization of community vaccination efforts allowed communities to build on their own unique strengths.

Communities organized clinics in various ways, building on the unique set of resources available to each. Hospitals, schools, and other organizations hosted clinics, depending on availability. Hundreds of physicians, nurses, pharmacists, public safety personnel, and townsfolk volunteered. The Health Department tailored its technical assistance to meet the unique needs of each community.



Communities vaccinated more than 186,000 children and young adults.

Communities vaccinated 93% of the 186,000 within four weeks of the February 24th announcement. 76% were vaccinated in community clinics, 24% in the offices of primary health care providers.

Estimated Percentage of Eligibles Vaccinated, by Age				
Years of Age				
2-4	5-9	10-14	15-18	19-22

69%	94%	96%	75%	34%
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Current estimates indicate that almost all Rhode Island children ages 5-9 and 10-14 have received vaccine. Primary health care providers will have free vaccine through December 31, 1998. The General Assembly is considering legislation which would continue availability of the vaccine for several years.

Maintaining state-community partnerships developed in the meningococcal vaccine program of 1998 will help meet future public health challenges.

The state-community partnerships forged in late February, 1998 reduced pressure on primary health care providers and got eligible children and young adults vaccinated quickly. The Department of Health opened effective lines of communication with state and municipal officials, the news media, health care providers and staff, school officials, leaders in the minority communities, and other key contributors to the vaccination effort. Through a series of community debriefings, the Health Department explored the strength and weaknesses of these partnerships, which should be maintained and strengthened to meet the next serious threat to the public's health.

Rhode Island's Meningococcal Vaccine Policy

Dr. Patricia A. Nolan, Director of Health, advises that all children and young adults ages 2 years to 22 years receive meningococcal vaccine, unless they have been previously immunized during the last 3 years.

- Meningococcal vaccine is presently available from many pediatricians and family practitioners through December 31, 1998.
- The vaccine is free to all Rhode Island residents.
- The cost of the medical care visit will be paid for by most health insurance plans.

Recommendations to Prevent the Spread of Meningococcal Disease

Meningitis is spread by coughing, sneezing, kissing, and by sharing forks, spoons, straws, drinks and cigarettes - things that carry saliva from one person to another.

- Teach children not to share things with saliva on them and to wash hands often.
- Make sure teens know how meningitis is spread and how to take steps to avoid

the disease.

- Watch what young children put in their mouths.

The Signs and Symptoms of Meningococcal Disease

Watch for:

- Fever
- Stiff neck
- Small red spots on the skin
- Vomiting
- Confusion

In infants, also watch for:

- Fussiness
- Lack of appetite
- Unusual tiredness